

MILTON AND SITTINGBOURNE
JOINT DISTRICTS.

ANNUAL REPORT

ON THE
HEALTH AND SANITARY CONDITION

OF THE

Urban District of Milton Regis,
For the Year 1908,

BY

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MEDICAL OFFICER OF HEALTH.

SITTINGBOURNE :

W. J. PARRETT, LTD., PRINTERS, 17, HIGH STREET

1909.



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1908.

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ANNUAL REPORT for 1908.

TO THE MILTON REGIS URBAN DISTRICT COUNCIL.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit to you my third Annual Report, as your Medical Officer of Health, for the year 1908.

The vital statistics for 1908 present several points for congratulation, and are generally very satisfactory. The death rate is the lowest on record for the district, being again under 10 per 1,000 population. The average for the preceding 10 years is 14.7.

The Infantile death rate (the percentage of Infants dying in their first year of life) is the lowest on record for the district (except last year), being 6.3%, as compared with 12.7%, the average for the preceding 10 years. In 1907 an extraordinary good result was obtained, only 2.9% so dying, a figure we hope to reach again next year.

The birth rate, however, is also the lowest on record for the district, being 22 per 1,000 population, compared with an average during the preceding 10 years of 27.8. It is therefore very necessary that we should have a low Infantile death rate.

Infectious Diseases.—There were 32 notifications received (excluding Consumption), as compared with an average of 52 per annum for the preceding 10 years. Of these 93% were removed to Hospital. Of Diphtheria, 4 cases, compared with an average of 20 per annum during the last 10 years; of Typhoid Fever, 6, compared with an average of 11 per annum during the last 10 years; of Scarlet Fever, over which disease we have as yet but little control, the number of cases was 18, as compared with an average per annum of 13 during the past 10 years.

Of Tuberculosis or Consumption, there were 11 deaths registered during the year, as compared with 9 in 1907, and an average of 8 during the last 7 years. Of the 11 deaths the ages varied from 1½ years to 65 years, and the average age at death was 26 years.

Voluntary notifications of cases of this disease were received, but only a small part of the cases in the district—5 cases—were notified, 3 males and 2 females. The average age of these cases was 10 years.

Of the total deaths in the district during the year, 38% were of persons of 65 years of age and over, compared with 40% last year. We must aim at obtaining a greater proportion than this. This figure, however, is better than most districts in our neighbourhood.

More people died in Milton Regis during 1908 of Tuberculosis or Consumption than of any other cause; old age was the next most frequent cause. I would ask you in reading my Report to have before you the following considerations:—

1. Which diseases are causing most loss of life, most suffering, and economic loss to the community?
2. Which of these diseases are amenable to preventive measures?
3. What preventive measures are likely to produce the best results?
4. Are we doing all that is practicable to prevent disease and mitigate suffering?

The deaths from Infectious Diseases were: 11 from Consumption, 5 from Cancer, 3 from Influenza, 3 from Infantile Diarrhœa, and 1 from Puerperal Fever. Two deaths were directly attributed to Alcoholism. Our efforts to educate Mothers in the management of Children and Infantile complaints are producing good results. Mothers, however, have not yet grasped the chief points in the management of Infectious diseases, to have both a proper regard for the patient and a strong desire to do all possible to prevent other Children catching the disease. Often the former is the only consideration. 'Tis the narrow and selfish attitude of many Mothers whose consideration does not reach beyond their own Children that hampers the efforts of your Health Department to check epidemic disease. 18 of the 76 deaths were from Infectious complaints, which with proper precautions should have been prevented. With hygienic education in our Schools and the efforts of Sanitary Authorities this portion of our deaths should vanish.

No action has yet been taken upon my Report of December, 1906, concerning the advisability of a Joint Sanitary Inspector's department for the combined districts.

Graphical methods of demonstrating the statistical returns are used in my Report as last year.

I am,

Your obedient servant,

THOMAS BARRETT HEGGS.

Town Hall, Sittingbourne.

MILTON REGIS, 1908.

	1908.	1907.	Average per annum for preceding 10 years.
Death Rate (per 1,000 Population)	9.6	9.9	14.7
Birth Rate 	22	27.3	27.8
Infantile Death Rate (per cent- age dying under 1 year) }	6.3	2.9	12.7
Cases of Diphtheria 	4	5	20
Cases of Typhoid Fever 	6	2	11
Cases of Scarlet Fever 	18	18	13
Total Infectious Cases Notified } (excluding Phthisis)	32	37	52

GENERAL SANITARY CIRCUMSTANCES.

CHARACTER OF THE DISTRICT.

The Urban District of Milton Regis has an area of 2,558 acres, and consists of a large old and a small new part, divided by the main London to Dover road. To the North of the London Road lies old Milton, with a great deal of old cottage property; to the South lies the new part, composed of a better class of small house property. It is essentially a labouring and artisan population. The chief industries are brick and cement making and large paper making mills. There is no special incidence of any fatal disease upon the neighbourhood. Previous to 1901 Typhoid Fever and Diphtheria were rather prevalent, and in the years 1898-1900, and again in 1904, the Infantile mortality was high. These diseases have abated considerably since those years. London Refuse (used in the brickmaking) is dumped on brickfields close to the town, in one place within 50 yards of dwelling-houses, and here small epidemics of sore throat occur from time to time, generally following the arrival of fresh consignments. The refuse is brought into the district by barge, and is carted from Milton Creek through the town in covered carts. The proximity of such deposits and of brickfields to dwellings is undoubtedly insanitary. Notifiable Infectious disease is, however, only rarely attributable to these deposits. Brickmaking is the staple industry of this neighbourhood.

THE ROADS.

There are 5 miles of main roads and 18 miles 4 furlongs of other roads. Both main and bye roads are in satisfactory condition generally. Tar painting is used on parts of the main roads.

HOUSE ACCOMMODATION.

Is sufficient throughout the district.

During 1908 12 new houses were built and 5 houses were closed, pending repairs ordered by the Council.

DRAINAGE AND SEWERAGE.

A modern water carriage system of sewerage and sewage disposal works of the septic tank and bacterial filter bed type are in use. The effluent runs into the head of Milton Creek. All houses (with very few exceptions) are connected to the sewers.

HOUSE REFUSE DISPOSAL.

Scavenging is undertaken by the Council, and bi-weekly collection is the system in force. Many covered bins are used, but are not insisted upon throughout the district.

WATER SUPPLY.

The Council owns its Waterworks, situated at Highsted, Rodmersham. There are two wells in the chalk to a depth of 100ft. There is a plentiful supply, and the water is reported to be of exceeding purity. Early in 1909 the Council resolved to have quarterly analysis made and the results tabulated, that at a glance any deviation from the normal which might indicate possible pollution can be detected. Very few wells remain in domestic use in the district.

COMMON LODGING HOUSES.

There are 3 such premises registered in the district. Close observation upon these is necessary to keep them in a sanitary condition and in conformance with the Bye-Laws. I have reason to suspect that there are houses in one part of the district being used as Common Lodging Houses without being registered. It is very necessary that strong action be taken to prevent this. These houses are often the means of spreading Infectious Disease, and power over them with supervision and inspection is very necessary, particularly when Infectious Disease, as Small-Pox, is brought to these premises.

SLAUGHTER HOUSES.

The 4 existing slaughter houses are granted licenses annually, and are kept in conformance with the Bye-Laws.

MILK, DAIRIES, COWSHEDS, AND MILKSHOPS.

Five Cowkeepers are registered for the district, and their premises are in conformance with the sanitary provisions of the Dairy and Cowsheds Regulations.

Eight persons are registered as purveyors and eight as dairymen.

An improvement is noticeable in the general conduct of the Trade in the district. Conditions are yet sometimes far from the ideal of practical sanitation. However, matters are being steadily improved. I HOPE TO SEE THE ADOPTION OF AN APPARATUS FOR COOLING THE MILK IN EACH DAIRY DURING THE SUMMER of 1909. The cost is not prohibitive.

The public should insist on cooled milk for two particular reasons; (1) because the warmer the milk the more rapidly do the bacteria in it increase and multiply, so that in a very few hours milk which has not been cooled is many times dirtier and more crowded with bacteria than cooled milk. Milk containing large numbers of bacteria will give disease and illness, particularly to Babies and Invalids; and (2) in hot weather some dairymen, to prevent the rapid increase of bacteria—which turns the milk sour—do add preservatives, such as boric acid, to the milk. These substances added to the milk are injurious, particularly to Babies. These preservatives are not necessary in cooled milk.

Milk when drawn from the Cow is practically free from bacteria, and the milk as usually supplied in towns contains from a million upwards of bacteria in each teaspoonful. In hot weather this number may be very much exceeded. Is it surprising that each year a number of Infants—whose only food is milk—do die in the summer season of what is called Infantile Diarrhœa. The souring of milk is due to the production of acid by the rapidly increasing enormous number of bacteria. This great increase of bacteria which goes on from the moment the milk is drawn from the Cow CAN to a large extent BE PREVENTED BY COOLING the milk when first drawn to about 50 degrees F., and keeping it cool till it is required to be used. This cooling adds considerably to the keeping powers of the milk.

It is well known that such diseases as Scarlet Fever, Typhoid Fever, Diphtheria, Diarrhœa, Tonsilitis, and Consumption can be conveyed to people through drinking infected milk, so that it is most important that all we can do to keep the milk clean and pure should be done. Mothers are reminded that it is useless for the dairyman to take pains to keep the milk pure by using clean scalded vessels and by cooling the milk if the consumers themselves do not take equal care to protect the milk from dirt, dust, and objectionable fumes and flies by only using scrupulously clean vessels, and keeping the milk covered and in a cool place.

The careless exposure of milk to flies and dust, particularly where privies exist or house refuse is collected, is often the means of conveying disease to Children.

TUBERCULOSIS AND MILK.

Further reports of the Royal Commission appointed to enquire and report with respect to Tuberculosis with reference to the transmission of this disease from animals to man are of great interest. The fact is yet more conclusively established that the Bacilli of Bovine Tuberculosis, the

organism causing Consumption in the Cow, on entering the human body may set up active and fatal Tuberculosis. By feeding healthy Calves from Cows with tubercular udders, and killing these Calves in specified times, it is found that extensive signs of Tuberculosis are present in as short a time as 36 days. The danger of feeding Babies upon milk from Tubercular Cows is thus demonstrated. There is therefore urgent necessity for stamping out Tuberculosis from dairy cattle as a means of preventing the transmission of this disease to Children. The Cows in the dairies of our districts should be inspected by a Veterinary Surgeon quarterly. Such a routine inspection could be done at a small annual salary. I have authority to have examined any Cow I suspect, but the routine inspection by a Veterinary Surgeon would be well worth its small cost.

BAKERIES.

All the bakehouses are retail bakehouses. There are no underground premises.

OFFENSIVE TRADES.

Two premises exist in the district carrying on "offensive trades" under the Public Health Act—a tallow melter and a bone boiler and fellmonger. In each of these premises apparatus is used to minimise the effluvial nuisance. In the fried fish trade the apparatus used to confine and cremate the fumes is partially successful.

FACTORIES, WORKSHOPS, AND WORKPLACES.

There are 24 factories, including brickfields, and 9 workshops and workplaces on the register. Each was inspected twice during the year.

One list of 3 outworkers was sent by a maker of wearing apparel in the district.

No defects were found during the year.

VITAL STATISTICS.

POPULATION.

My estimate of the population during 1908 is 7,840.

The growth of the district is thus seen:

Year.	1881.	1891.	1901.	1908.
Population ...	4,219	5,213	7,056	7,840

BIRTHS.

During 1908 there were 173 births registered for the district—88 male and 85 female. Of these 173 there were 9 illegitimate, or 1 in 19, or 5.2%. The birth rate for 1908 is 22 per 1,000 population, which is the lowest on record for the district. There were 25 less Children born in 1908 than in 1907. Table 1 gives the birth rates for the last 10 years (compared also with the whole of England and Wales), the rapid decline in our district is thus more plainly seen. The birth rate for the whole of England and Wales for 1908 was 26.5.

NOTIFICATION OF BIRTHS ACT.—Its adoption was not recommended in this district, as fresh machinery could not be provided. Weekly notifications of births are received from the Registrar, and a Booklet of Instruction upon the Management of Children is sent to each Mother by the Medical Officer of Health.

See Note page 29, upon “Lady Health Visitor.”

DEATHS.

In 1908 there were 76 deaths registered from the district, compared with an average of 105 during the past 10 years. 60 deaths occurred in the Union Infirmary, of which 39 were non-residents of the district. The death of one Milton resident occurred in Rochester Hospital. The death rate this year of 9.6 per 1,000 population is the lowest ever recorded for the district—the average for the preceding 10 years was 14.7. The death rate of the whole of England and Wales during 1908 was 14.7. The comparison with previous years is shown in Table 2, where also the rates of England and Wales as a whole are shown.

During 1908 the most frequent causes of death in the district were:—(1) Tuberculosis or Consumption; (2) Old Age; (3) Heart Disease; (4) Nervous Diseases; (5) Cancer; (6) Pneumonia; (7) Influenza.

The relative numerical importance of the chief causes of death during 1908 is shown in Table 3. More people then died of Tuberculosis or Consumption in Milton Regis during 1908 than of any other cause. This is disconcerting.

Of the total number of deaths during the year 38 per cent. were of persons of the age of 65 years and over. In 1907, 40% fulfilled these conditions. In 1906, 32%. We wish to see the majority dying at 65 years of age and over.

The death rate is not the best possible index of the health of the community; there is need of a registration of sickness apart from death. There is, of course, a great deal of sickness of insufficient severity to destroy life. This is greatest

Table IPer 1000
population

Birth rate 1898-1908

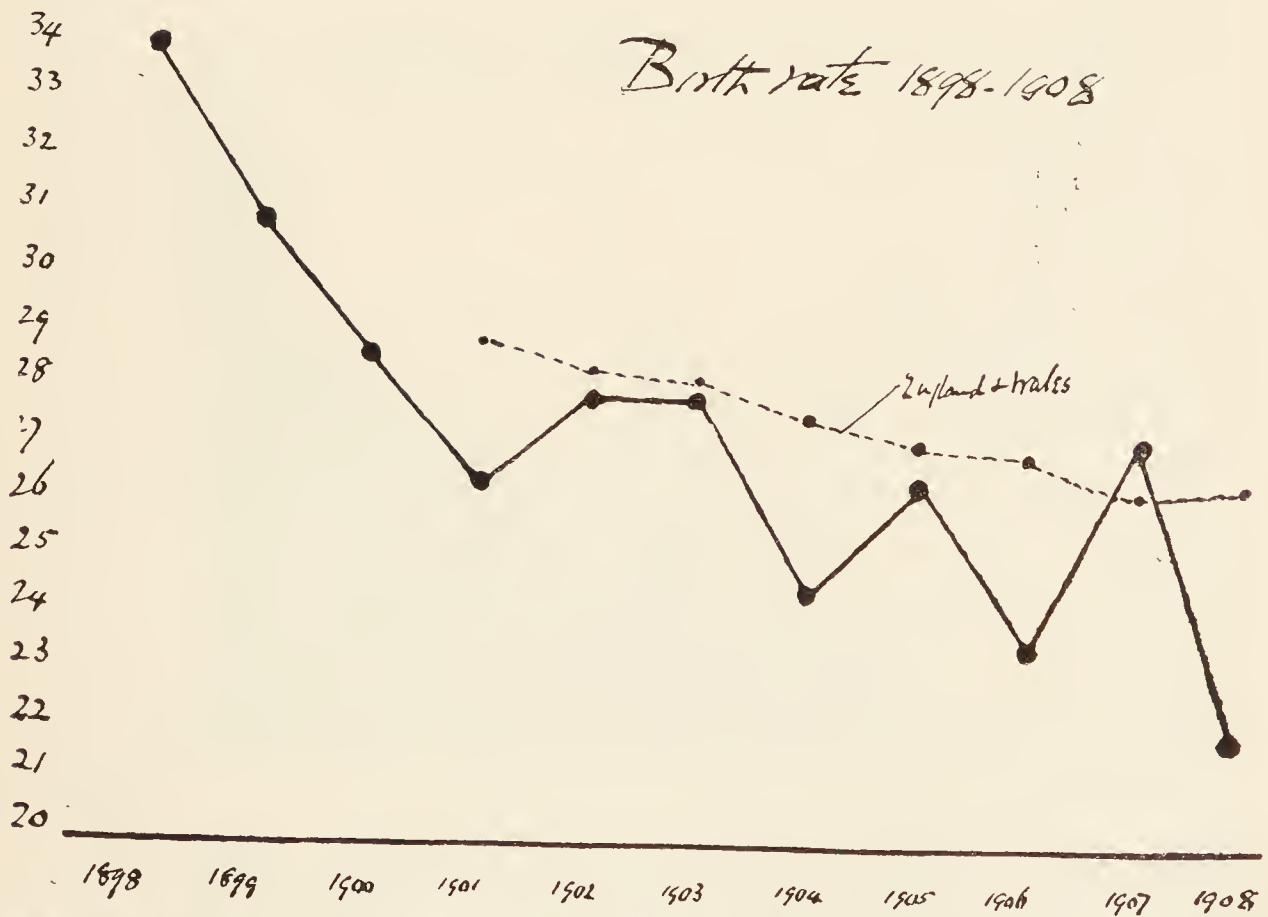


Table II

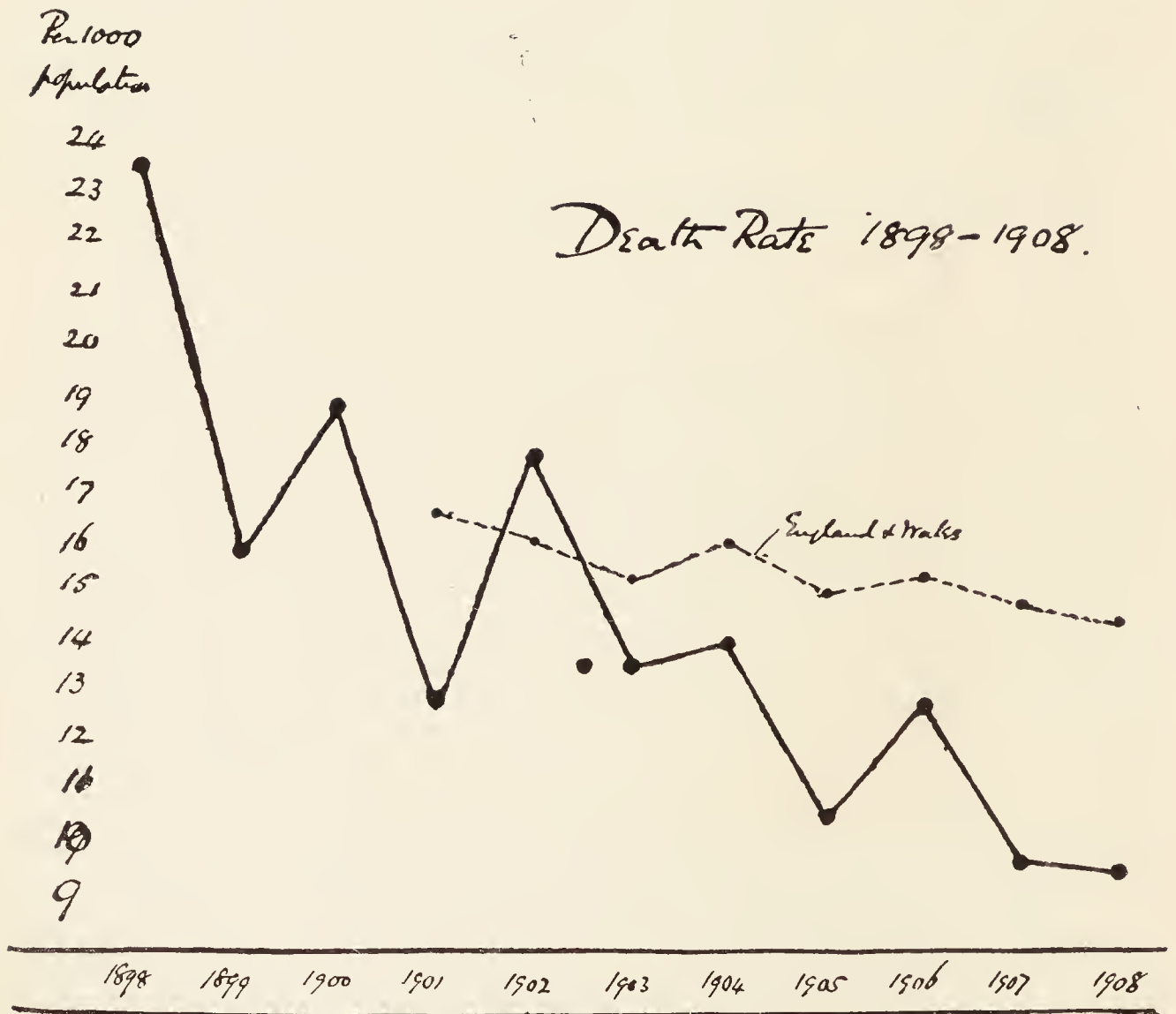
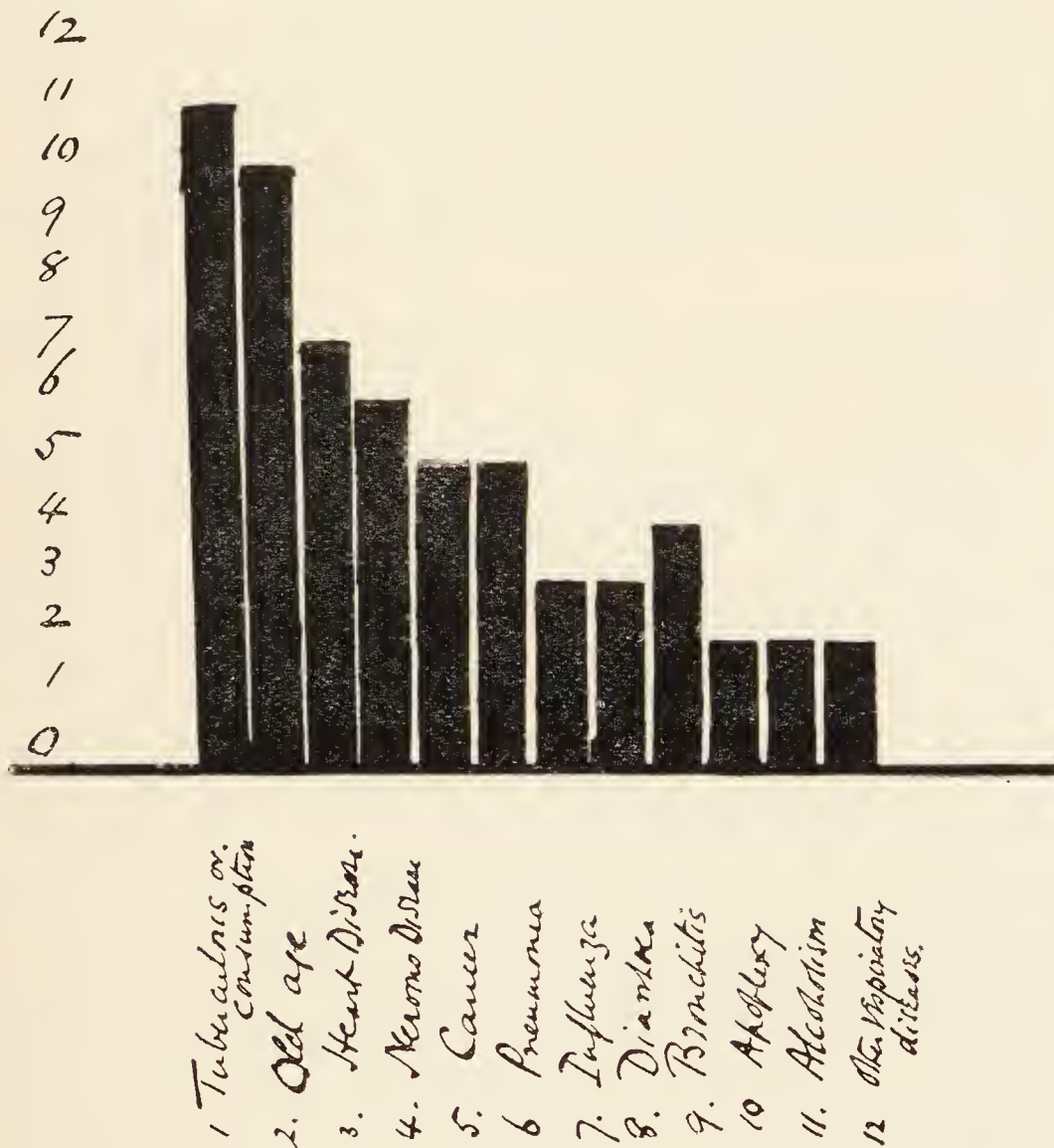


Table III

Diagram showing the relative numerical importance of the chief causes of death in Milton Regis during 1908.

Deaths



among Children, where the after-effects are often very serious. There is also much adult non-fatal sickness, which, by loss of wage-earning power, and by the loss of employment, and by the loss of the enjoyment of life, is of the greatest importance. Much ill-health, due to insanitary environment, therefore does not show itself upon the mortality statistics.

INFANTILE MORTALITY.

During 1908 there were 11 deaths of Infants under one year of age, or an Infantile mortality of 6.3 per 100 births. During 1907 only 6 such Infants died, and during 1906, 23 died. The average rate per annum for the past 10 years is 12.7. During the year Booklets of Advice to Mothers were sent to each Mother upon the notification of birth from the Registrar. This death rate fluctuates greatly, being dependent upon the presence of epidemics of Infantile complaints, as Whooping Cough, Measles, etc., and upon climatic conditions. In hot summers more Diarrhœal complaints exist, owing to the infection of food through the medium of flies.

Table IV. shows this mortality for the past 12 years, and compares our figures with those of England and Wales as a whole.

Of the Infantile deaths, the chief causes are given below, compared with previous years.

THE CAUSES OF INFANTILE DEATHS DURING 1908 AND PREVIOUS YEARS.

	1906.	1907.	1908.
The common Infectious Diseases .	1	1	0
Diarrhœal Diseases 	8	0	3
Premature Birth and Wasting } Diseases }	8	3	3
Tuberculous Disease 	0	1	0
All other causes 	6	1	5
Total 	23	6	11

Take Tr
10

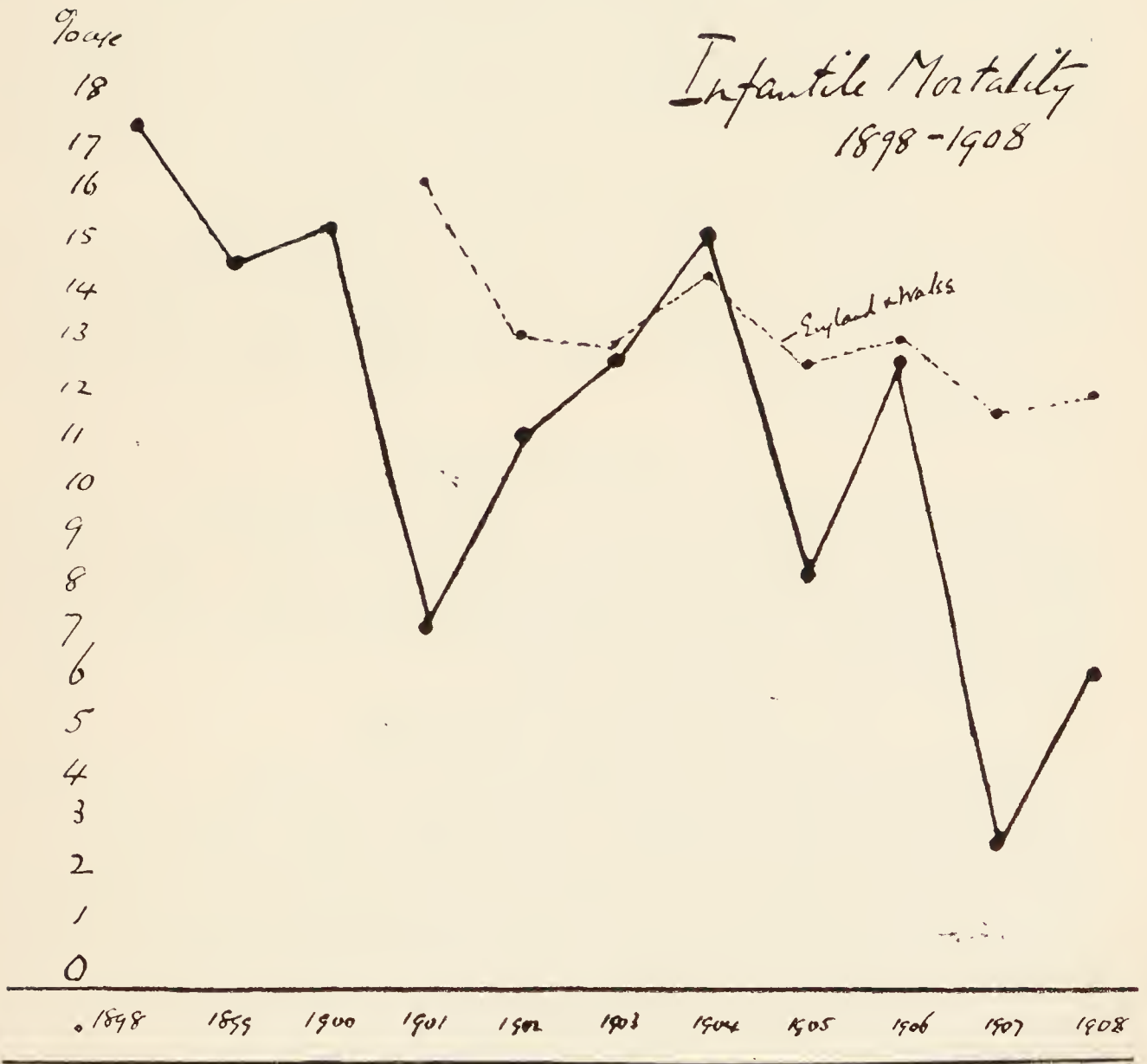
Infantile Mortality
1898-1908

%age

18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0

England & Wales

1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908



INFECTIOUS DISEASES.

The total number of cases of notifiable Infectious Disease notified to me during 1908 was 32 (excluding Consumption). During 1907, 37, and the average per annum for the preceding 10 years was 52.

Table VI. shows the cases during previous years. We must remember, however, that there are serious infectious and preventable diseases not compulsorily notifiable, and only known to us by notification from the Schools.

There were also 5 cases of Consumption notified.

DEATHS FROM INFECTIOUS DISEASES. — Of the 76 total deaths 18, or nearly 25%, were of infectious or preventable disease. Of these 11 were of Tuberculosis, 3 of Influenza, 3 of Zymotic or Infectious Diarrhœa, and 1 of Puerperal Fever. In the above 5 deaths from Cancer were not included.

CASES REMOVED TO HOSPITAL.

Of the above 32 cases, 3 were of Erysipelas and 1 of Puerperal Fever, which we do not remove to Hospital. Of the remaining 28, all except two were removed to Hospital.

The following Table VII. shows the %age removed during recent years:—

DIPHTHERIA.

During 1908 there were 4 cases of this disease. In three further cases bacteriological examination at the Hospital Laboratory caused the diagnosis to be revised. In 1907, 5 cases occurred. The average number per annum for the past 10 years is 20.—See Table VIII.

SCARLET FEVER.

During 1908 there were 18 cases notified. No deaths occurred from this disease. The cases were scattered in all parts of the district. No epidemic occurred. The incidence of the disease compared with past years is seen in Table IX. The cause of Scarlet Fever is unknown yet, and this prevents us from dealing as completely and satisfactorily with this disease as we do with Diphtheria.

TYPHOID FEVER.

During the year 8 cases were notified, but the diagnosis afterwards revised (on bacteriological examination at the Hospital) in two. Two of these were definite oyster cases, caused by oysters bought from hovellers on the Milton Creek. I again warn people to refrain from eating shellfish brought from any person or shop unless they are convinced they are not obtained locally or from any polluted source. The result is too serious, the risk is too great.

Table II

Total number of notified cases of Infectious Disease. 1898-1908.

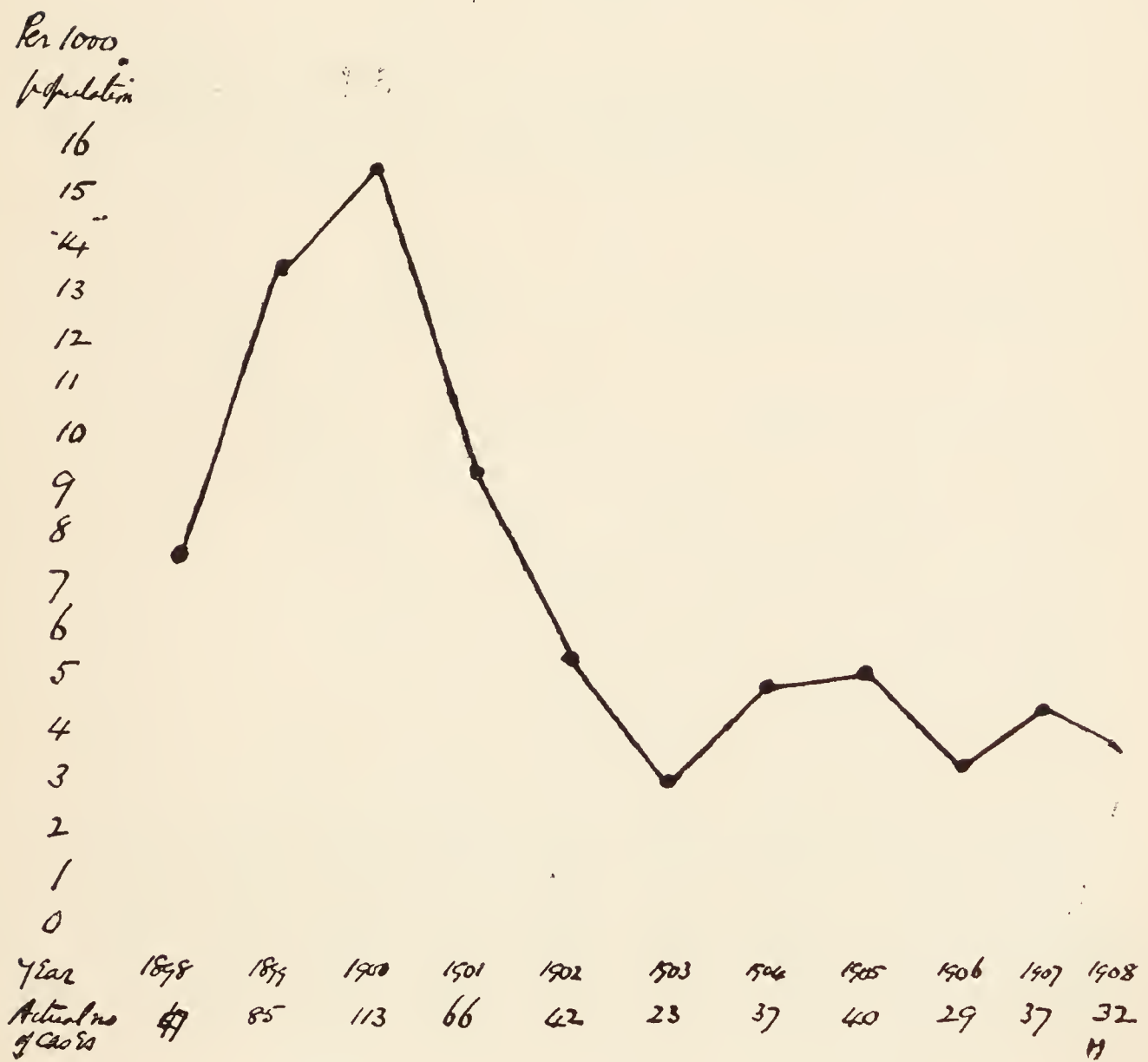


Table VII

Percentage of Cases Removed to Hospital of the Total
Cases of Infectious Diseases that are admitted 1901-1908

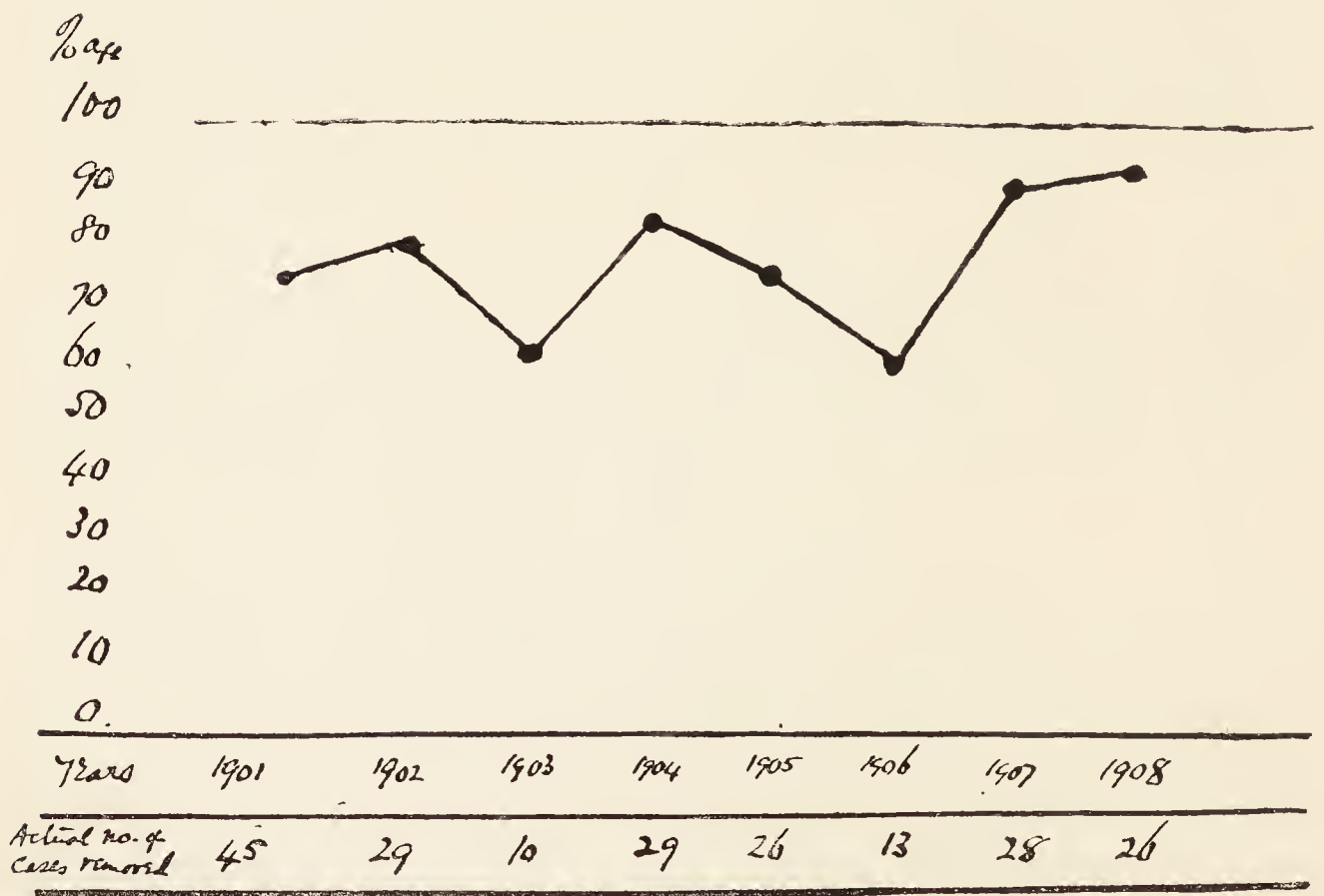


Table VIII

per 5000
population

40

30

20

10

0

Diphtheria 1898-1908

Year

1898

1899

1900

1901

1902

1903

1904

1905

1906

1907

1908

Actual no
of cases

20

49

54

17

11

2

16

21

9

5

4

Table ix

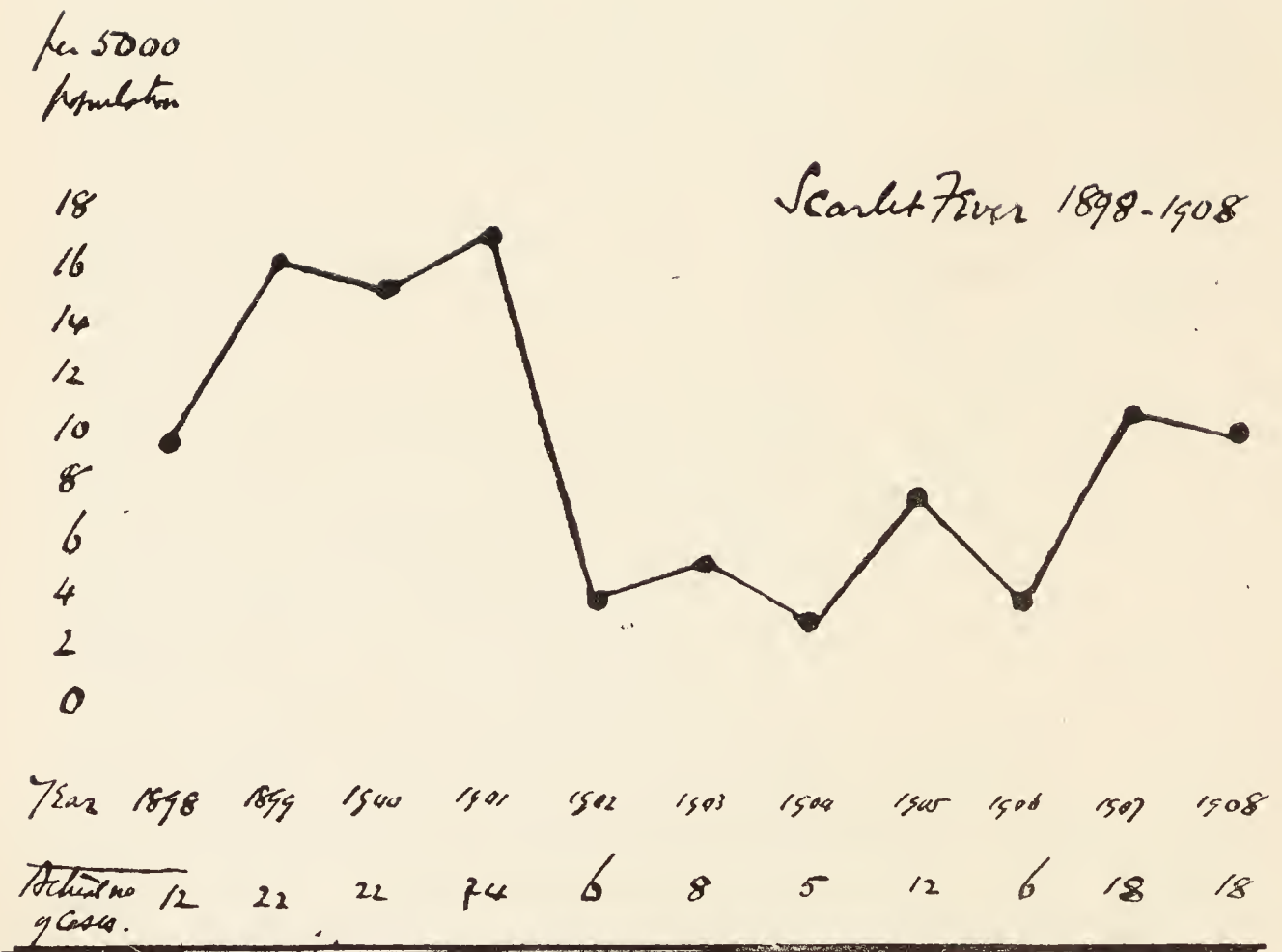
per 5000
population

Scarlet Fever 1898-1908

18
16
14
12
10
8
6
4
2
0

Year 1898 1899 1900 1901 1902 1903 1904 1905 1906 1907 1908

Actual no. of Cases. 12 22 22 74 6 8 5 12 6 18 18



Typhoid Fever 1898-1908.

per 5000
population

26

24

22

20

18

16

14

12

10

8

6

4

2

0

Year	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908.
Actual no of Cases	11	9	36	17	8	6	13	1	7	2	6

ERYSIPELAS.

No death from this disease during the year. There were 3 cases notified to me.

SMALL-POX.

No case in the district since 1902.

PUERPERAL FEVER.

One death occurred from this disease during the year. This was the only case notified.

CANCER.

The cause and origin of this disease is not yet discovered. Facts as to the transmission of the disease are being accumulated, which give us hope that the specific organism will be found. Deaths during the year were 5; during 1907 there were 9.

WHOOPING COUGH AND CHICKEN POX.

No death was registered from these complaints. They were not epidemic during the year.

SALE OF FOOD AND DRUGS ACT.

During 1908 there were 42 samples taken in your district by the Police under this Act. In no case was adulteration found.

MEASLES.

A few sporadic cases occurred during the year, but no epidemic. A large epidemic of 138 cases with 3 deaths occurred in 1906.

The number of susceptible Children at the Schools is now increasing, and it will be increasingly important to isolate the first cases that occur now if we would prevent an epidemic.

TUBERCULOSIS.

During 1908 there were 11 deaths from Tuberculosis. The deaths in previous years are shown in the Table.

Year.	1901.	1902.	1903.	1904.	1905.	1906.	1907.	1908.
Deaths	3	14	9	13	4	5	9	11

Five voluntary notifications were received of cases of this disease in the district during the year. The average age of these cases was 10 years.

Tuberculosis is an infectious disease caused by a micro-organism called the Tubercle Bacillus, which was discovered by a German bacteriologist, Koch, in 1882. In the majority of cases the disease has its seat in the lungs, and it is more particularly this form of Tuberculosis—called Consumption—that merits the attention of all Health Authorities. Consumption or this disease in the lungs is very highly infectious. We know with certainty that the bacilli get into the air with the sputum or phlegm of Consumption patients. The phlegm of Consumptive people then is to be regarded by us as the main source of the infection of tuberculosis, although the transmission of the disease by milk and meat from infected Cattle is becoming more and more seriously recognised. The danger from the latter can be met by boiling the milk and well cooking the meat. For our purpose infection from human patients alone is considered, as this is chiefly responsible for the spread of Consumption.

To get this disease it is indispensable that the person be infected with these Tubercle bacilli, and the disease can be entirely prevented by avoiding infection by these bacilli. The disease must be caught from someone who has it, or some room or articles infected by a sufferer. Its development is aided by defective nutrition and by other conditions unfavourably influencing personal health, and by insanitary circumstances of environment. Its development will be prevented by keeping up to a high level the general tone of the body, by good feeding, warm clothing, fresh air and exercise; in fact, by a healthy hygienic life.

Consumption is not only a preventible disease, but it can also be arrested, especially in its earlier stages; and, INDEED, THE VAST MAJORITY OF THOSE ATTACKED BY IT RECOVER.

The number of persons dying of this disease has declined materially during the past 30 years. In the United Kingdom during the last 30 years a decline of 40% among those under 5 years of age, of 23% from 5 to 10 years of age, of 37% from 10-15 years of age, of 50% from 15-20 years of age, 51% from 20-25 years of age, and 46% from 25-35 years.

This decline has occurred under the influence of improved sanitation and higher social welfare. These improved conditions have acted by diminishing infection and by increasing the resistance of the population to infection. Thus the vastly increased treatment of advanced cases of Consumption in Infirmaries and other Institutions has been most valuable in securing segregation of patients from their families, as well as in securing humane treatment for the patients themselves. This segregation, or separation, of patients from their families—even if for a short time only—gives the families an opportunity of throwing off the infection they may have already received, and lessens the probability of their becoming seriously infected. This is one of the reasons for the strongly advocated policy of taking advanced or very infectious cases from their homes into a Sanatorium, if only for a period of a few months at a time.

Diminution of overcrowding in houses and improved ventilation in homes and workshops has diminished infection and increased the resistance to it. All other measures of sanitary and social improvement have acted by increasing the resistance of the people or by diminishing the amount of the infection, or by both.

Although Consumption is infectious, in ordinary circumstances the only source of infection is the material coughed up as phlegm, or invisible in the cough spray. This mode of infection can be controlled by the patient with little trouble, if he is intelligent and scrupulously careful. Consumption is very much a DISEASE OF IGNORANCE, and the most valuable element of the measures for its treatment and relief is the hygienic training of the patient. This is what is done by a short stay (of a few months) in a Sanatorium. The patient is trained in the hygiene of the treatment of the disease, which is not only invaluable to him in his struggle for the successful resistance of the disease, but is valuable in safeguarding others among whom he will afterwards mix. This is one of the main reasons for advocating Sanatorium treatment—even for short periods—to cases in an early stage. Evidence clearly points to the conclusion that in most cases short exposure to infection does not suffice to infect healthy persons to an extent that will produce serious disease.

The measures against Tuberculosis must include instructing the community in general as well as those exposed to infection from sufferers, and the instruction of sufferers themselves.

Public opinion must be brought to bear against indiscriminate spitting and against overcrowding and other evils of housing occupation. Much is to be hoped from the teaching of hygiene in Schools.

The Card of Information and Instruction (see Appendix) is being sent by the Health Department to homes where a case of Consumption is known to exist. Advice is given on all important points as to transmission of the disease, channels of infection, and disposal of phlegm, etc. The ideal to be aimed at is that wherever the patient lives and works his powers of infectivity shall be inoperative. This ideal is not likely to be realized unless specific instructions are given in such a way that they will become effective in the patient's life. Of the means to this end temporary abode in a Sanatorium is probably the most effective (Dr. A. Newsholme). The habits of life thus initiated can be maintained by continued watchfulness and care under a doctor, and by the home visiting of a competent and sympathetic Health Visitor or Nurse.

Under present conditions a large proportion of the total cases of Consumption remain unrecognised until "breaking down" in the lungs has occurred, and the patient is most infectious, and the chance of cure not great. It is very important that precautionary and curative measures should be begun at a very early period of the disease, as the earlier the treatment the more effective. Such possible indications of early Consumption, as "persistent colds and repeated attacks of "bronchitis," should be met by effective preventive measures.

Much difficulty is often found by the poor in obtaining Hospital out-patient letters, and here the nearest Hospital is over 10 miles distant. There is thus delay in receiving skilled attendance. Some provision is needed for the sick poor in our district.

The death rate for Consumption is greatest in early adult life (the average age at death in our districts varies from 21 to 26 years), and it is estimated that the average duration of life of a sufferer from the date of infection is about 5 years. It is probable therefore that Consumption exists, to a larger extent than has been usually recognised, among the Children in our Schools. My own experience so far in the inspection of Children of our Schools confirms this.

The recognition and exclusion from the Schools of such affected Children are most necessary, as with the air space and ventilation provided in some of our Schools it is most dangerous (particularly when Children are recovering from colds and ailments affecting the chest, as Whooping Cough and Measles) for healthy Children to sit and work near sufferers. This is one of the numerous benefits to be derived from the Medical Inspection of School Children.

The measures against Tuberculosis that Health Authorities should adopt are :—

1. The giving of advice and instructions to sufferers and those exposed and the general public.
2. The disinfecting and cleaning of infected premises and articles.
3. The provision of spit bottles to the poor.
4. The provision of dispensary treatment of poor patients.
5. The provision of Sanatoria or Hospital accommodation for these patients.
6. The provision of a Health Visitor, to include in her work the visiting of Consumptive patients.

The first three of these measures are being carried out by our Authorities.

SANATORIUM TREATMENT.

Home treatment if depended upon alone often fails to prevent infection, besides failing to cure the patient. Hence the importance of Sanatorium treatment.

The following and much of the above is taken from the Tuberculosis Memorandum of the Medical Officer of the Local Government Board :—Under Section 131 Public Health Act, 1875, the Sanitary Authority has power to provide such treatment for patients, whether patients are in receipt of relief or not. Before embarking on any large scheme each Sanitary Authority should consider what it can do with arrangements already available. Some Sanitary Authorities have found that in the intervals of epidemics empty rooms or wards of their Isolation Hospitals can be utilised for the treatment of Consumption, and have taken action accordingly. In rural districts it will be practicable by the use of temporary huts or tents erected either at the patient's home or in the grounds of the Infirmary or of the Isolation Hospital, to treat Consumptive patients with minimum expense.

With regard to the use under regulated conditions of the wards of an Isolation Hospital for the treatment of Consumption, experience has demonstrated that this can be done with entire safety to the Consumptive patient and with great success in his treatment.

The Sanatorium treatment may be directed towards the cure of the patient or towards such amelioration of the patient and incidental training in desirable habits as may be practicable in a shorter stay than is required for his cure.

Many patients either recover or without complete recovery continue to be able to work indefinitely, even when protracted Sanatorium treatment cannot be secured. Their working life can be extended and their capacity to spread infection can be stopped by an occasional stay in a Sanatorium of limited duration, say, for a month. It is on Sanatorium treatment of this type for patients still able to work that stress may be laid. The patient usually does not lose his place by the short absence from work contemplated; he is willing to come into a Sanatorium for such a short stay, when he would not accept more protracted treatment; and the improvement experienced during such a short stay in a Sanatorium is often most remarkable. This, however, is not the only gain. When the patient enters the Sanatorium his dwelling is disinfected, his relatives are relieved temporarily from a source of anxiety, and the patient while in a Sanatorium is trained in the methods of disposal of sputum and in the general hygienic regulation of his life in a practical manner that is scarcely possible at home. On his return home he is therefore no longer likely to be a source of infection, and the general hygiene of his home is almost certain to reflect the good influence of his stay in the Sanatorium. From the standpoint of the Sanitary Authority a much larger number of patients can in this way be treated and prevented from becoming a source of infection, than if permanent cure of the individual patient were made the only consideration.

Although owing to the long duration and occasional long latency of this disease, results in regard to it cannot be measured with accuracy except after the lapse of a considerable number of years, it may confidently be expected that administrative measures will enable Sanitary Authorities gradually to bring Tuberculosis under their control, and to secure that it shall become as much a disease of the past in this country as leprosy has become. (Arthur Newsholme, Principal Medical Officer, Local Government Board.)

PROPOSAL FOR OUR DISTRICTS.

At the end of this Report is appended my Special Report on a scheme for the use of the Sittingbourne and Milton Joint Hospital Board's Small-Pox Hospital as an open-air Sanatorium for the treatment of and hygienic education of cases of Consumption for the district, which was presented to the Joint Hospital Board and each of the constituent Authorities in July and August last. In that report proposed rules and regulations of admission are given and an estimate of cost. It was proposed to utilize the existing buildings on the Small-Pox Hospital site.

A Committee was appointed to consider the scheme. That Committee found :

- (1) That Consumption was not more prevalent in our practically rural districts than in the whole of England and Wales, which included the slums of our great cities.
- (2) That Consumption has not increased during the last 6 years.
- (3) They doubt that patients returning to their homes would utilise the information they had gained at the Hospital as to the method of life to adopt to cure themselves.

It has not been contended that the large number of persons dying in our districts is greater than in the past, or greater than in the whole of England and Wales, which includes the highly unhealthy slums of our cities; but we emphasize the fact that while most other diseases are declining year by year, this disease does not show sufficient decline; in fact, more persons are dying in Sittingbourne and Milton Regis of this disease than from any other cause. Surely this is sufficient to demand our consideration.

As regards the last finding of the Committee, experience in other places disproves their doubt; in fact, patients realizing the benefit of the training at the Sanatorium are most anxious to follow on in the same lines after returning to their homes. I know that is so from personal experience in this work.

MORE RECENT SUGGESTION.—Since the above report was considered, a further suggestion has been made that a large ward of the temporary buildings at the Small-Pox Hospital might at small expense be moved to land belonging to the Hospital Board, and adjacent to the Keycol Hill Hospital grounds. This would greatly facilitate the administrative control (in the cooking, nursing, and general supervision).

A desire has been expressed by the individual Authorities for a combined meeting for further consideration of this matter, which again arose under the Tuberculosis Regulations, 1908.

TUBERCULOSIS REGULATIONS, 1908.

These regulations deal with Pulmonary Tuberculosis, or Consumption, among our pauper population. Notification of such cases to the Medical Officer of Health is compulsory upon certain officers. Power is given to the Guardians and the Sanitary Authorities to help these cases in many ways (by disinfection, supplying of appliances, by printed matter, etc.). The object is to prevent the spread of this disease among this class among whom this disease is particularly frequent, as Consumption not only more easily attacks the poor and ill-nourished, but so often causes poverty and pauperism by affecting the bread-winner of a family.

The action taken by each of the Authorities of the district was to authorise that

1. Booklets of information and instruction be sent to all cases of this disease so notified.
2. Pocket spittoons be given to such cases as require them.
3. Japanese paper handkerchiefs be supplied, when the public health would benefit thereby.
4. To request the combined Authorities to meet to discuss the provision of accommodation for the treatment of sufferers.

MIDWIVES ACT, 1902.

Five Midwives are registered to practise in your district. They are on the roll of Midwives solely by virtue of their being in practice as Midwives in July, 1901.

Two live in Sittingbourne, two in Milton Regis, and one in Iwade.

During 1908 no complaints were reported to me in their work.

SCHOOL HYGIENE.

Your Medical Officer of Health has early in 1909 been appointed the Inspector of School Children in your district. This will ensure uniformity of procedure as regards quarantine, attention to the physically unfit Children, to the excluded sick Children, and eventually a healthier condition of the School Children, which should mean increased grant to the School Authorities by the prevention of epidemic disease.

Notifications of any Children suffering from contagious disorders at the Schools are sent to me by the Teachers.

There was no serious epidemic in the Schools during 1908.

METEOROLOGICAL OBSERVATIONS, 1908.

Data collected at Newgardens, Teynham, by Lt.-Col. J. F. Honeyball, V.D.

Kew certified instruments in Stephenson Screen.

5in. rain guage, 1ft. 3in. above ground, 20ft. above sea level.

	Rainfall.		Maximum Temperature.		Minimum Temperature.
January	1.29	..	54.0 on 28th	..	16.9 on 5th
February	0.98	..	54.1 ,, 15th	..	23.1 ,, 13th
March.....	2.05	..	60.8 ,, 24th	..	25.9 ,, 13th
April	1.98	..	58.1 ,, 2nd	..	28.0 ,, 20th
May.....	1.36	..	78.0 ,, 11th	..	41.3 ,, 23rd
June	0.70	..	79.2 ,, 3rd	..	40.0 ,, 25th
July	2.53	..	82.1 ,, 27th?	..	44.0 ,, 3rd
August	3.45	..	81.5 ,, th?	..	43.0 ,, 11th
September.....	1.55	..	77.7 ,, 20th	..	36.6 ,, 13th
October	1.40	..	76.9 ,, 1st	..	34.0 ,, 25th?
November	0.83	..	59.4 ,, 12th	..	19.0 ,, 10th
December	2.09	..	54.1 ,, 15th?	..	7.3 ,, 31st
Total	20.21				

LADY HEALTH VISITOR AND SCHOOL NURSE.

The districts need the services of a Lady Health Visitor who is a qualified Nurse, working under the Sanitary and also under the Education Authorities. Her great sphere of utility would be :—

(1) To lessen our Infant mortality by visiting and advising Mothers previous to and after the birth of their children; giving advise and instruction upon the hygiene of the home, and the feeding and management of the Infants, etc.

(2) To supervise and instruct the Midwives.

(3) Visiting homes where any infectious disease exists, such as Whooping Cough, Measles, Chicken Pox, Mumps, as well as the more serious Scarlet Fever, Diphtheria, and Typhoid Fever and Consumption. Cases of these various diseases are notified to me from the Schools; and advising Mothers as to the management of these complaints.

(4) To visit the homes and advise the Mothers of Children found by the doctor on medical inspection at the Schools to be defective in some way. Often nothing is done now when a Child is found to be suffering from some complaint, as the parents often cannot afford to pay for medical advice. An experienced qualified Nurse would be invaluable in this direction.

The cost of such a Nurse could be borne conjointly by the Kent Education Committee and the combined Sanitary Authorities.

The usual salary given is about £80 per annum, half of which borne by the Education Authority would leave £40 per annum to be provided by the three Sanitary Authorities. This would work out (on rateable value basis) at about £26 for Milton Rural District, £8 for Sittingbourne, and £6 for Milton Regis; or if provided by the Urban Districts of Sittingbourne and Milton alone, £23 for Sittingbourne and £17 for Milton Regis.

The great value to the community of such an official Nurse is, I am sure, well worth the above cost. I hope when trade revives and the districts are in a better financial state, that the above suggestions will obtain your earnest consideration.

TO THE SITTINGBOURNE AND MILTON

JOINT HOSPITAL BOARD.

Scheme for the use of the Sittingbourne and Milton Joint Hospital Board's Small-pox Hospital as an Open-air Sanatorium for the treatment and Hygienic Education of cases of Consumption from the District,

BY THE MEDICAL OFFICER,

T. BARRETT HEGGS, M.D.,

JULY, 1908.

TO THE SITTINGBOURNE AND MILTON JOINT HOSPITAL BOARD.

Mr. Chairman and Gentlemen,

I append for your consideration a report upon the necessity for providing accommodation for the treatment and hygienic education of cases of Consumption from your district, with a scheme for the use of the Board's Small-pox Hospital, as an open-air Sanatorium for this purpose.

This highly infectious disease—Consumption—is the cause of more deaths in our districts than any other disease. In 1907 there were 36 deaths from Tuberculosis, or 11 per cent. of the total number of deaths in the combined districts. Excluding the very young and very old, however, we find that during 1907 Tuberculosis was the cause of 20 per cent. of the

deaths of persons dying between the ages of 15 and 65 years. This number of deaths is not markedly diminishing, as is seen by the following figures of the last six years :

Deaths from Tuberculosis in the combined districts :

1902	1903	1904	1905	1906	1907	(1908)
43	36	45	38	23	36	(37)

The infectious diseases, Typhoid Fever, Scarlet Fever, and Diphtheria, together, were the cause during the last six years of the deaths of 52 persons from our three districts. During the same period Tuberculosis had caused 221 deaths in our districts. So that four times as many deaths occur among us from Tuberculosis than from these three infectious diseases put together.

The 221 deaths from Tuberculosis during the last six years were distributed as follows :—

Milton Rural District.	Sittingbourne.	Milton Regis.
91	76	54

These figures are practically in proportion to the populations of the three districts, so that the three districts are about equally affected.

Consumption is caused by a micro-organism, a bacillus, which is present in the effected organs of sufferers from this disease. It is communicated to healthy people from persons suffering and from homes infected by sufferers. As you are aware, since October, 1906, this disease has been voluntarily notifiable by medical men in our districts, and during this period 30 cases of this disease have been so notified. Little can be done for these sufferers, however, without such accommodation as I am now asking you to provide. This accommodation will enable these cases to get a good start towards their recovery, to learn what open-air treatment is, and how to adapt it to their homes. Sufferers will learn, not only how to combat the disease, but how to do so without any risk or danger of communicating the disease to others.

In the site and buildings of the Small-Pox Hospital of the Board you have a splendid site and suitable accommodation for the treatment of this disease. No alteration of the buildings will be necessary. At small expense in fitting up they can be well adapted for this work. The administration and management can be undertaken from the Hospital at Keycol Hill.

If the number of beds provided is definitely fixed, as I should advise, the cost will also be fixed and limited to the initial expense anticipated. There is no reason, therefore, why the initial expense should increase unless and until the Board should themselves decide to do so.

There has been no case of Small-pox in the districts since 1905, and the buildings, are, of course quite free from any infection of any kind, having been from time to time thoroughly disinfected.

I have reason to believe that as Consumptive cases can be sent home promptly in the event of a case of Small-pox being notified, the Local Government Board will have no objection to the use of our Small-pox Hospital for this purpose.

I am, your obedient servant,

T. BARRETT HEGGS.

Town Hall, Sittingbourne.

SITTINGBOURNE AND MILTON OPEN-AIR SANATORIUM.

PROPOSED RULES AND REGULATIONS OF ADMISSION.

(1) The accommodation of the Sanatorium is strictly limited to 10 beds (5 male and 5 female). The Medical Superintendent is not authorized to make any further provision.

(2) Cases are eligible for admission under the following conditions: that he or she

- (a) is a notified case of Consumption (Pulmonary Tuberculosis;
- (b) Is now and has been for the previous two years a resident of Milton Rural, Sittingbourne Urban, or Milton Regis Urban districts;
- (c) is considered by the Medical Officer to be a suitable case for such treatment;
- (d) is willing to conform to the Rules of the Sanatorium.

(3) Cases are not eligible for re-admission for a period of two years from the date of previous discharge from the Sanatorium, without special sanction of the Board.

(4) Cases are admitted subject to the above Conditions, in the order in which application is made for admission, providing that as far as possible 4 beds will be utilised by the rural district and 3 beds by each of the urban districts.

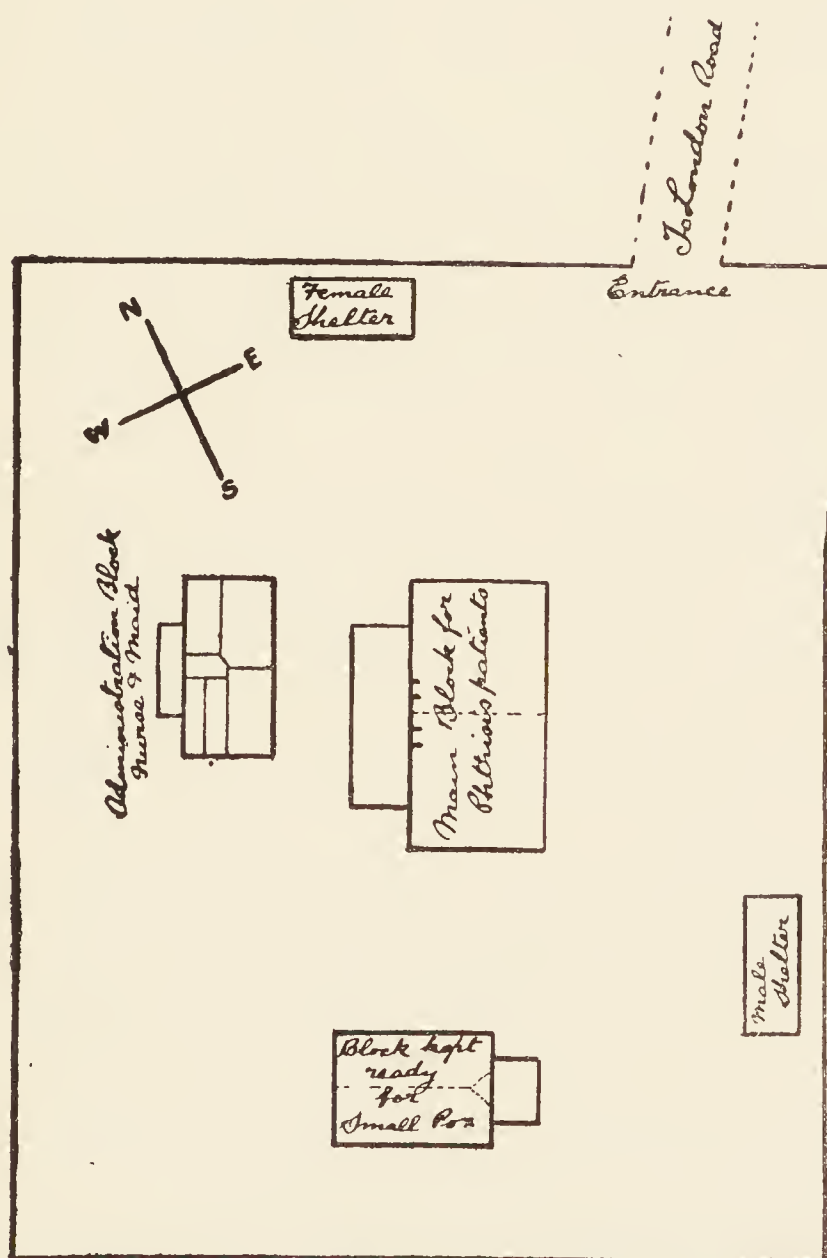
(5) The duration of treatment at the Sanatorium to be one month. This period can be extended by the Board in suitable cases in the following ways: (a) by payment of an inclusive fixed charge per week (10/0) towards the cost of maintenance, charges to be prepaid; and (b) in necessitous cases by special dispensation of the Board.

(6) Visiting days are Thursdays and Sundays, 3 to 4 p.m. Two visitors allowed to each patient.

(7) Patients not conforming with the Rules of the Sanatorium can be at once discharged.

BUILDINGS TO BE USED.

Of the two Ward Blocks at the Small-Pox Hospital, it is proposed to use only one, the larger. The other Ward Block will be kept empty. accommodation would therefore be at hand, after the Consumptive cases were sent home, in the event of a case of Small-Pox being notified.—See rough plan.



Rough plan of buildings and their proposed use - the proposed positions of the two day shelters are also given

ESTIMATE OF COST OF PROPOSED SCHEME.

A.— <i>Establishment Charges.</i> Original outlay in fitting up the Wards, etc. £110.	{	Furniture and slight alterations ..	£ 25
		Linen (for beds, etc.)	50
		Crockery	5
		Cost of two wooden day shelters ..	30
Salaries for Management and Staff, £110 per annum.	{	Nurse	£ 25
		Maid	15
		Matron	20
		Medical Officer	40
		Porter	10
B.— <i>Cost of Maintenance and cure of Patients, £350 per annum.</i>	{	Cost of Feeding 10/0 per head per week is £300 approx. per annum (including two staff). Cost of Heating (coke stoves) and Lighting £50 per annum.	

Total cost per annum would be approximate £460. This cost is fixed and cannot increase so long as the number of beds is definitely fixed and limited to ten. There should be no difficulty in thus keeping the expense down to the Board's estimate.

A penny rate in the combined districts produces about £500 per annum. The estimated cost, therefore, of providing 10 beds for Consumption, under the above conditions, would not exceed a penny rate to the districts.

After the initial equipping of the Hospital is carried out there will be very little establishment charges, and the maintenance charges for the patients will be charged to those districts from whence the Consumptive patients come, so that there is no fear of one district paying for the treatment of the Consumptives of another district.

COMPARISON OF THE ESTIMATE WITH THE ACTUAL COST OF SIMILAR PROVISION ELSEWHERE.

From an Annual Report, June, 1908 (Stanhope Sanatorium) :

Number of beds, 45. Average number of patients per day, 41.

Admitted during the year, 154. Duration of treatment, four weeks and upwards.

The total ordinary expenditure for the year 1907-8 was £2,112/19/6, that is the total cost of each patient per week was 18/6.

At the same rate as the above Sanatorium (18/6 per head per week), the cost of keeping ten beds continually filled would be £481 per annum. This practically coincides with our estimate (£450) obtained in detail.

THE UTILITY OF THESE INSTITUTIONS.

The results of the treatment of the cases at the above Sanatorium were as follows :—Of 140 patients discharged during the year 1907-8 :

51 had the disease slight (Class A).—Of these 23 or 45 per cent. left cured, average stay 15.6 weeks.

31 had more extensive disease (Class B).—Of these no cures, but 22 much improved and 17 went back to work.

58 had very advanced disease (Class C).—Of these none cured, but 28 very much improved and 24 returned to work.

The Medical Officer says: "The results of the treatment of the more advanced cases need cause no disappointment, considering the shortness of their stay in the Sanatorium, for even to them and their friends THE EDUCATIONAL VALUE OF A STAY IN A SANATORIUM IS GREAT."

OTHER SUGGESTIONS.

A suggestion has been made that we should wait until at some future time, probably several years hence, there is built a County Sanatorium, to which the Local Authorities could send cases by paying for them, or at which Local Authorities could subsidize beds for the poor Consumptives of their district.

In the county of Durham, where there is a Sanatorium for the county, at which this can be done, the cost to any local Authority to subsidize a bed is £75 per annum per bed, or 30/0 per week per patient. Ten beds at this rate would cost £750, as compared with £460 under the proposed scheme.

No cheaper method than that of utilizing the existing buildings and existing administration in the district can be or will ever be found.

Secondly.—Any county scheme would take years to mature, and meanwhile our Consumptives are dying and the disease spreading.

Thirdly.—By doing nothing now the numbers to be treated at the Authorities' expense later on will be much greater than if a small scheme is started now.

DETAILS OF ACTUAL COST AT OTHER INSTITUTIONS COMPARED WITH OUR ESTIMATE.

Stanhope Sanatorium 40 Patients. (45 Beds).			Cost of 10 Patients at same rate as Stanhope.			Estimate of 10 Patients at proposed Sanatorium.
	£	s. d.	£	s. d.		£
For Provisions.....	1005	5 11	251	6 8		300
For Salaries and Wages ..	601	13 6	150	8 4		110
For Rent, Rates, Coal, and Gas	161	2 4	40	5 7		50
Medical Requisites.....	7	0 1	1	15 0		Slight
Repairs and Renewals, Printing, Lectures, and General Expenses	170	11 0	42	12 9		
Total ordinary expenditure 1906-1907	1995	12 10	498	18 0		460

DETAILS OF REQUIREMENTS.

FURNITURE, &c. (estimated cost £25).

1.—For the Two Wards (male and female) :—10 folding chairs, 8 bedside rugs, 2 tables, 4 screens, 5 fixed windows to be hinged to open.

2.—For the Day Shelters :—10 folding chairs, 10 rug blankets.

3.—For the Administrative Block :—2 chests of drawers, 1 bedstead, 1 washhandstand, 2 folding chairs, 2 small chairs, 5 rugs, 1 table, 2 doors required in passage.

LINEN (estimated £50).—20 counterpanes, 40 blankets (top), 15 blankets (under), 50 sheets, 10 macintosh sheets, 24 draw sheets, 50 pillow cases, 24 hand towels, 12 bath towels, 6 round towels, 6 doctor's towels, 6 table cloths, 24 dinner cloths, 24 locker cloths, 12 tea cloths, 12 glass cloths, 12 lavatory cloths, 12 dusters, 4 screen covers, 12 cushion covers, 6 table covers.

CROCKERY (estimated at £5).

The following Advice on Cards is sent to the Houses from which Cases of Consumption are notified.

PULMONARY TUBERCULOSIS (CONSUMPTION).

ADVICE TO CONSUMPTIVES.

Consumption is not an inherited disease, but susceptibility to take it may be sometimes inherited, sometimes induced by wrong habits or unhealthy conditions; susceptibility is induced by insufficient or ill-assorted food, by strong drink, by scanty clothing, by sexual excesses, by any debilitating habits or illnesses, or by such unhealthy conditions as overcrowding, want of ventilation, closeness, darkness, dirtiness, and dampness in dwellings. It is not an incurable disease; if treated sufficiently early and thoroughly it is frequently cured, and in some pronounced cases the disease may be arrested; but at any stage of the disease, from early to far advanced, a consumptive, if not careful, may not only infect others, especially members of his own family, but may also re-infect himself.

Consumption is a wasting disease caused by germs, which grow and multiply in the lungs. The germs give rise to coughing and spitting. In coughing, some of the germs are sometimes shot into the air in the spray of the cough, and in spitting they are always discharged from the lungs in large numbers in the spit or phlegm.

Consumption is spread by the germs in the phlegm or spit, and also in the cough spray. They are occasionally coughed in spray directly into the mouth, nose, or eyes of another person, or are passed from mouth to mouth in kissing on the lips, or in drinking from the same vessel, or eating with the same table articles, but most frequently they are spread by being spat out in the phlegm or spit upon the surface of a covered or enclosed place, where they dry up into dust, which is wafted about and breathed into the lungs. This infected dust is most dangerous, and the most important point in the prevention of Consumption is that the phlegm spat out by a Consumptive should never be allowed to dry, and should be burnt or boiled as soon as possible.

Consumption germs are destroyed by sunlight, daylight, and fresh air; by the most scrupulous cleanliness in every detail of living; and by burning, or boiling, or disinfecting and washing away the phlegm and spit discharged from the nose and mouth of a Consumptive.

Consumption is cured, arrested, or improved by living and sleeping in the open air, that is, by plenty of sunlight and fresh air, which is food for the lungs; by feeding well—that is, by plenty of wholesome, nourishing food for the body, especially fatty food; by clothing warmly—that is, so as to enable living and sleeping comfortably in the open air to be carried on; and by graduated out-door work so as to restore the bodily vigour, which is the most effective means of resisting Consumption.

PERSONAL PRECAUTIONS TO BE TAKEN BY CONSUMPTIVES.

In coughing, do not cough into another person's face, and be careful to hold before your mouth a paper square, a piece of rag, or a handkerchief, which can be burnt, disinfected, or boiled in the morning or evening, together with the separate satchel or pocket in which these articles are carried.

The phlegm or spit must not be swallowed, for two reasons—firstly, because it may set up the disease in the bowels; and secondly, because, whether it sets up disease or not, it will infect the stools, and render it necessary to take special precautions to disinfect them also.

In spitting, do not spit upon the floor, side, wall, or other surface of the interior of any room, hall, conveyance, or other enclosed or covered place; but spit when indoors into a bowl, and when out of doors into a wide-mouthed bottle or pocket spittoon. The bowl or bottle must contain some liquid disinfectant, and be properly covered or corked.

The paper, rag, or handkerchief, and the satchel or pocket mentioned above to be used in coughing may also be used for wiping the mouth, and, if the bowl or bottle is not at hand at the moment, also for receiving the phlegm, provided that it is not allowed to get dry, and that as soon as possible it is burnt or plunged into strong disinfectant solution or boiled.

The contents of the bowl or bottle should twice daily either be cast into a bright fire or down a water closet, or be buried in the earth. The bowl, with the cover off, or the bottle with the cork out, should then be boiled in water for five or ten minutes and thoroughly cleansed, and the cover or cork should be similarly treated at the same time.

In kissing, a Consumptive should not kiss or be kissed on the lips, and it is safer for all persons, whether Consumptive or not, if they kiss and be kissed on the cheek.

In eating, table articles, such as knives, forks, spoons, drinking vessels, and table napkins, after use by a Consumptive, should be carefully washed in boiling water, and it is safest to reserve a set of such articles for his special use.

In sleeping, a Consumptive should not sleep with another person, but should occupy a separate bed, and best of all should have a separate bedroom, where open air treatment can be carried on, the windows being open day and night, with advantage to himself and his family.

In washing, a Consumptive should have a separate towel for his special use, in the same manner as he should have a separate table napkin and a separate handkerchief.

In working, a Consumptive should graduate his bodily work according to his condition, and carry it on either in the open air or in a room open to the air as much as possible.

GENERAL PRECAUTIONS.

Sunshine and daylight, fresh air, and cleanliness are the natural enemies of Consumption.

All living rooms, sleeping rooms, and work rooms should be well lighted and well ventilated, and all chimney flues should be kept open.

Frequently cleanse all rooms, passages, and staircases. In cleansing, avoid raising dust, as it is dangerous; therefore adopt wet cleansing. In cleansing furniture, woodwork, etc., use damp dusters to wipe up the dust with; burn the dust, and boil the dusters after use. In cleansing carpets, hangings, etc., use damp tea leaves or damp sawdust, and tie a damp duster over the broom; burn the tea leaves or sawdust, and boil the duster. In cleansing floors, scrub them with soft soap and boiling water.

Meat, before being eaten, should be well cooked, and milk be raised to boiling point.

A room ceased to be occupied by a Consumptive should not be used again until both the room and the contents have been thoroughly disinfected and cleansed.

Disinfection is best carried out by the Sanitary Authority.

(CHAS. KNIGHT & Co., Ltd)

VITAL STATISTICS OF THE MILTON AND SITTINGBOURNE COMBINED DISTRICT FOR 1908.

Combined District.	Separate Districts.		
	Milton Rural.	Sitting-bourne.	Milton Regis.
Population 30340 (Estimated 1908)	13300	9200	7840
Area in Acres 37974	34409	1007	2558
Death Rate 11.6 (per 1,000 pop.)	12.3	12.2	9.6
Infant Mortality 7.4 (per centage dying in 1st year of life)	8.1	7.4	6.3
Birth Rate 23.3 (per 1,000 pop.)	21.2	26.5	22
Total Number of Cases of Infectious Disease Notified 155 (excluding Consumption)	85	38	32
Cases of Typhoid Fever 12	2	4	6
Cases of Diphtheria ... 9	3	2	4
Cases of Scarlet Fever 112	69	25	18
Cases of Consumption 29 (notified)	6	18	5
Deaths from Consump- tion 37	10	16	11

